CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION

(month, day, year)

STATEMENT OF ECONOMIC INTERESTS RECEIVED RECEIVED

Date Initial Filing Received Official Use Only

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PRACTICES COMMISSION A PUBLIC DOCUMENT 2015 JAN 15 Please type or print in ink. 2015 AMASTL 9 PM Z: 40 NAME OF FILER (MIDDLE) CITY OF CALABASEASE Bozaiian James CITY CLERK 1. Office, Agency, or Court Agency Name (Do not use acronyms) City of Calabasas Division, Board, Department, District, if applicable Your Position Calabasas City Council City Councilmember/Mayor ▶ If filing for multiple positions, list below or on an attachment. (Do not use acronvms) Agency: Agoura Hills/Calabasas Community Center JPA Chairman/Vice Chairman Position: 2. Jurisdiction of Office (Check at least one box) ☐ Judge or Court Commissioner (Statewide Jurisdiction) ☐ State Multi-County ___ ✓ City of Calabasas Other _ 3. Type of Statement (Check at least one box) Leaving Office: Date Left _____/___ Annual: The period covered is January 1, 2014, through December 31, 2014. (Check one) O The period covered is January 1, 2014, through the date of leaving office. December 31, 2014. O The period covered is _______ through Assuming Office: Date assumed _____/___ the date of leaving office. _____ and office sought, if different than Part 1: ___ Candidate: Election year ____ 4. Schedule Summary ▶ Total number of pages including this cover page: $\frac{2}{}$ Check applicable schedules or "None." ✓ Schedule A-1 - Investments - schedule attached Schedule C - Income, Loans, & Business Positions - schedule attached Schedule D - Income - Gifts - schedule attached Schedule A-2 - Investments - schedule attached Schedule E - Income - Gifts - Travel Payments - schedule attached Schedule B - Real Property - schedule attached -or-None - No reportable interests on any schedule herein and in any attached schedules is true and complete. I acknowledge I certify under penalty of perjury under the laws of the State of Date Signed 01/15/2015

SCHEDULE A-1 Investments

Stocks, Bonds, and Other Interests

(Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name
James Robert Bozajian

NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
Southern California Edison/Edison International	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
public utility	
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
☑ \$100,001 - \$1,000,000 ☐ Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
//	
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	\$2,000 - \$10,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe) Partnership Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)	(Describe) Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LÍST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
\$2,000 - \$10,000 \$10,001 - \$100,000	☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	\$100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other(Describe)	Stock Other (Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
/ / 14 / / 14	/ / 14 / / 14
ACQUIRED DISPOSED	ACQUIRED DISPOSED.

Comments: _